



GEORGIA DEPARTMENT OF BANKING AND FINANCE
2990 Brandywine Road, Suite 200
Atlanta, Georgia 30341-5565
770-986-1633

INSTRUCTIONS FOR COMPLETING FINGERPRINT CARDS

TWO COMPLETE SETS OF FINGERPRINTS ARE REQUIRED (2 CARDS)
Both cards must be completed & returned to the Department.

Please provide all information requested. **Type or print in BLACK:**

- Sign the cards
- Provide address of person being fingerprinted.
- Date of fingerprinting.
- Signature/Authorization *of law enforcement personnel* performing fingerprinting.
- Name and address of employer.
- Reason for fingerprint (if not pre-stamped):

O.C.G.A. 7-1-702

Check Casher License

- Enter name of person being fingerprinted and any **aliases**.
- Enter citizenship information.
- Enter Armed Forces Number and/or **Social Security Number**.
- **ORI** information is preprinted on the card.
- Enter date of birth.
- Fill in blanks for sex, race, height, weight, color of eyes, color of hair, and place of birth.
- Enclose **SEPARATE Money Order or Certified Check** made payable to:

Georgia Department of Banking and Finance

Amount - \$30.00 per set of fingerprints (2 cards in a set-\$15 per card)

Determine the following to ensure that cards are acceptable by both GBI and FBI:

- ▶ **Prints are not too light or too dark;**
- ▶ **Prints are not smudged;**
- ▶ **Each print MUST be INSIDE the blue box for that print and not touch or cross the blue box lines.**

**TAKE CARDS IN
BLANK TO
POLICE
DEPARTMENT
AND COMPLETE
IDENTIFIER
INFORMATION
THERE**

TO OBTAIN FINGERPRINT CARDS

Cards are obtained by contacting the Department. Requests can be faxed or e-mailed to the Department.

Fax request to: (770) 986-1655

E-Mail request to: nelson@dbf.state.ga.us

GEORGIA DEPARTMENT OF BANKING AND FINANCE



FINGERPRINT CARD REQUEST FORM

Page _____ of _____

| Name & Address of Licensee/Applicant | |
|--------------------------------------|--|
| Name of Applicant | |
| Address | |
| Address | |
| City, State, Zip | |
| Phone Number | |
| Type of License | <input checked="" type="checkbox"/> Check Casher |
| | |
| Names of Individuals Requiring Cards | |
| Full Name: | |
| Full Name: | |
| Full Name: | |
| Full Name: | |
| Full Name: | |
| Full Name: | |
| | |
| Delivery Address for Cards | |
| Contact Person | |
| Address 1 | |
| Address 2 | |
| City, State, Zip | |
| Contact Phone Number | |
| SIGNATURE | |

- If additional space is required to include all individuals, please duplicate this form and note the number of pages being submitted on the top of the form.

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